

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857738

1. Entity Name

CAPSTAR MANAGEMENT INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90051 010 ***150.00

Principal Place of Business

Mailing Address

~~415 OAKDALE RD. STE. 202~~
TORONTO, ONTARIO M9N 1W7
CA

~~415 OAKDALE RD. STE. 202~~
TORONTO, ONTARIO ON M9N
CA

2. Principal Place of Business

2300 Finch Ave W.,

Suite, Apt. #, etc.

Unit 29

City & State
TORONTO Ontario

Zip
M9M 2Y3

Country
Canada

3. Mailing Address

2300 Finch Ave W.,

Suite, Apt. #, etc.

Unit 29

City & State
TORONTO Ontario

Zip
M9M 2Y3

Country
Canada



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2677246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PURCELL, WILLIAM C
633 S ANDREWS AVE THIRD FLOOR
FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PETRYNA, PETER J.
STREET ADDRESS ~~415 OAKDALE RD, STE 202~~
CITY-ST-ZIP ~~TORONTO ON M9N 1W7~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2300 Finch Avenue West Unit 29
CITY-ST-ZIP Toronto ON M9M 2Y3

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Peter J Petryna

416 741-2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)